

**State of Minnesota****District Court**

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Judicial District:	_____
Court File Number:	_____
Case Type:	Juvenile

**In the Matter of the Welfare of the Child(ren) of:**

_____	Parent	Legal Custodian
_____	Parent	Legal Custodian

**Affidavit of Service:  
Notice of Intervention as a  
A Party as a Matter of Right**

**State Of Minnesota** )  
 ) SS  
**County Of** \_\_\_\_\_ )  
(County where Affidavit Signed)

I, \_\_\_\_\_, state that on  
(Name of person who mailed or hand delivered documents)

\_\_\_\_\_, I served the attached Notice of Intervention  
(Date Service Made)

as a Matter of Right by (check one):

- ☐ hand delivering the document or  
☐ mailing the document to the following person(s) at the following addresses:

- |                |        |          |
|----------------|--------|----------|
| First          | Middle | Last     |
| Street Address |        | Apt. No. |
| City           | County | State    |
- |                |        |          |
|----------------|--------|----------|
| First          | Middle | Last     |
| Street Address |        | Apt. No. |
| City           | County | State    |
- |                |        |          |
|----------------|--------|----------|
| First          | Middle | Last     |
| Street Address |        | Apt. No. |

4.	City	County	State
	First	Middle	Last
	Street Address		Apt. No.
	City	County	State
5.	First	Middle	Last
	Street Address		Apt. No.
	City	County	State
6.	First	Middle	Last
	Street Address		Apt. No.
	City	County	State
7.	First	Middle	Last
	Street Address		Apt. No.
	City	County	State
8.	First	Middle	Last
	Street Address		Apt. No.
	City	County	State

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: \_\_\_\_\_

Signature

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_